

COVID-19 Temporary Nurse Aide Training Program

Effective: January 7, 2022

Due to staffing challenges associated with the COVID-19 Public Health Emergency, under the authority of the Executive Order 22-02 issued by Governor Kelly on January 12, 2022, and waiver of federal requirements by the Centers for Medicare and Medicaid Services (CMS) on March 30, 2020, KDADS is authorizing a temporary aide training program, as follows:

- The temporary aide training program may be administered by the Adult Care Home facilities utilizing the **8-hour online training course and associated skills competency checklist** developed by the American Health Care Association in association with Academic Platforms, LLC (branded as CNAOnline.com). The skills competency checklist is attached to this document in Appendix A. If a nursing facility makes any modifications to the skills checklist, the skills that are not required or additional skills added must be documented on the checklist kept in the facility's records for each temporary aide employed.
- A person employed by an adult care home must take the temporary aide training program supported by the employing facility that meets the 8-hour requirement and leads to completion of the skills checklist.
- Adult Care Home facilities must maintain documentation at the facility of all temporary aides that complete the temporary training program including, at a minimum, evidence of successful completion of the online exam following the 8-hour training; documentation of at least 2 hours of supervised training and completion of the skills competency checklist by a nurse. A new completed checklist will be required for each aide employed at each facility that employs the temporary aide.
- Once the state of emergency has been lifted, temporary aides must complete the required Kansas 90-hour Certified Nurse Aide (CNA) course and pass the state exam to become certified as a Kansas CNA.
- Temporary aides and the facilities that employ temporary aides are subject to all applicable state and federal laws and rules prescribing conduct for a Certified Nurse Aide that prohibit abuse, neglect, exploitation or misappropriation and require reporting to applicable authorities and the Department for violations of those provisions.
- This emergency rule does not waive the employment screening requirements established under K.S.A 39-970.
- These rules shall be effective immediately upon approval by the Governor and valid for the duration of the emergency declaration in Executive Order 22-02 or any applicable amendments.

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Laura Howard, Secretary

Laura Kelly, Governor

Appendix A – Skills Competency Checklist

Temporary Nurse Aide Skills Competency Checklist

To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)

ADAPT AS NEEDED FOR FACILITY PROCESSES

CMS DEFINITION §483.35 "Competency" is a measurable pattern of knowledge, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully.

Many factors must be considered when determining whether or not facility staff have the specific competencies and skill sets necessary to care for residents' needs, as identified through the facility assessment, resident-specific assessments, and described in their plan of care.

All nursing staff must also meet the specific competency requirements as part of their license and certification requirements defined under State law or regulations.

Demonstration of Competency - Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were the subject of the training, lecture or video must be assessed and evaluated by staff already determined to be competent in these skill areas.

Examples for evaluating competencies may include but are not limited to:

- Lecture with return demonstration for physical activities;
- A pre- and post-test for documentation issues;
- Demonstrated ability to use tools, devices, or equipment that were the subject of training and used to care for residents;
- Reviewing adverse events that occurred as an indication of gaps in competency; or
- Demonstrated ability to perform activities that is in the scope of practice an individual is licensed or certified to perform.

Preventing Infection While Providing Personal Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Standard Precautions		
Handwashing		
Using Barriers (Gloves, Gowns, Mask, etc.)		
Isolation/Transmission Based Precautions		
Cleaning, Disinfection, Sterilization		
Personal Care Routines (bathing)		
Shampooing		
Oral Hygiene		
Denture Care		
Grooming		
Shaving		
Nail Care		

Temporary NA
Name: _____

Date of
Hire: _____

Personal Safety and Emergency Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Dressing/Undressing		
Bloodborne Pathogens		
Body Mechanics		
Choking		
Injury Prevention		

Documentation and Core Nursing Skills

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Documentation		
Bedmaking		
Making an Occupied Bed		
Transferring a Resident		

Positioning, Moving, and Restorative Care

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Positioning		
Moving Up in Bed When Resident Unable		
Moving a Resident		
Stand, Pivot, Transfer		
Assisting with Walking (ambulation)		

Nutrition and Elimination

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Assisting with Meals		
Assisting with Elimination (toileting)		
Assisting with Ostomy		

Advanced and Specialty Care Environments

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Oxygen Therapy		
Motivate Resident/Stop when Resists		
Specific Behavioral Symptoms		
Specific Techniques for ADLs		

Temporary NA
Name:_____

Date of
Hire:_____

Comfort Care and End of Life

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Pain Management		
Promoting Comfort and Sleep		
End of Life Care		

Ethics and the Law in LTC

<u>Skill</u>	<u>Competency Date</u>	<u>Observed By</u>
Physical Care of Body After Death		

Temporary NA
Name:_____

Date of
Hire:_____